

<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43558</i>
<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

## Filing at a Glance

Company: Protective Life Insurance Company

Product Name: Individual Cancer

SERFF Tr Num: LWEL-126289967 State: Arkansas

TOI: H07I Individual Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed  
State Tr Num: 43558

Sub-TOI: H07I.002A Dread Disease - Cancer Only

Co Tr Num: 0289200903

State Status: Approved-Closed

Filing Type: Rate

Author: Rebecca Ewing

Reviewer(s): Rosalind Minor

Date Submitted: 09/22/2009

Disposition Date: 10/22/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 03/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Individual Cancer

Project Number: 0289200903

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 25%

Filing Status Changed: 10/22/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/29/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/22/2009

Created By: Rebecca Ewing

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Rebecca Ewing

Filing Description:

Rate increase for supplemental cancer policies providing coverage for cancer related expenses, including unlimited radiation & chemotherapy.

## Company and Contact

### Filing Contact Information

Brian Stentz, Actuary

bstentz@lewisellis.com

SERFF Tracking Number: LWEL-126289967 State: Arkansas  
Filing Company: Protective Life Insurance Company State Tracking Number: 43558  
Company Tracking Number: 0289200903  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only  
Limited Benefit  
Product Name: Individual Cancer  
Project Name/Number: Individual Cancer/0289200903

2929 N. Central Expy. 972-850-0838 [Phone]  
Richardson, TX 75080 972-850-0868 [FAX]

### Filing Company Information

(This filing was made by a third party - lewisandellisincorporated)

Protective Life Insurance Company	CoCode: 68136	State of Domicile: Tennessee
2801 Hwy. 280	Group Code: -99	Company Type:
Birmingham, AL 35202	Group Name:	State ID Number:
(800) 265-1545 ext. [Phone]	FEIN Number: 63-0169720	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	09/22/2009	30728287

SERFF Tracking Number:	LWEL-126289967	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	43558
Company Tracking Number:	0289200903		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
Project Name/Number:	Individual Cancer/0289200903		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/22/2009	10/22/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/28/2009	09/28/2009	Rebecca Ewing	10/21/2009	10/21/2009

<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

## Disposition

Disposition Date: 10/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

After reviewing the letter of October 21, 2009, from Bonnie S. Albritton, L&E Actuaries & Consultants, we have reconsidered your request for the 25% rate increase.

Effective on this date, we are approving the 25% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Protective Life Insurance Company	25.000%	25.000%	\$35,138	26	\$140,552	25.000%	25.000%

<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43558</i>
<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Universal Transmittal	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Response 10-21-2009	Approved-Closed	Yes
<b>Rate</b>	Rate Sheets	Approved-Closed	Yes

SERFF Tracking Number: LWEL-126289967 State: Arkansas  
Filing Company: Protective Life Insurance Company State Tracking Number: 43558  
Company Tracking Number: 0289200903  
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Limited Benefit  
Product Name: Individual Cancer  
Project Name/Number: Individual Cancer/0289200903

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/28/2009  
Submitted Date 09/28/2009  
Respond By Date 10/28/2009  
Dear Brian Stentz,

This will acknowledge receipt of the captioned filing.

Objection 1  
- Health - Actuarial Justification (Supporting Document)  
Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/21/2009  
Submitted Date 10/21/2009

Dear Rosalind Minor,

SERFF Tracking Number: LWEL-126289967 State: Arkansas  
Filing Company: Protective Life Insurance Company State Tracking Number: 43558  
Company Tracking Number: 0289200903  
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: Individual Cancer  
Project Name/Number: Individual Cancer/0289200903

**Comments:**

**Response 1**

Comments: Attached is our response to your 09-28-2009 objection letter

**Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Response 10-21-2009

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Rebecca Ewing

SERFF Tracking Number:	LWEL-126289967	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	43558
Company Tracking Number:	0289200903		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
Project Name/Number:	Individual Cancer/0289200903		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Serff
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	25.000%
<b>Effective Date of Last Rate Revision:</b>	03/01/2009
<b>Filing Method of Last Filing:</b>	Serff

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Protective Life Insurance Company	25.000%	25.000%	\$35,138	26	\$140,552	25.000%	25.000%



<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43558</i>
<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/22/2009	Rate Sheets	CA05, CA06, CA08	Revised	Previous State Filing Number: Percent Rate Change Request: 25.000	AR Rate Sheets.pdf

**Arkansas  
Cancer Policy CA-05  
Current Rates**

**Payroll Deduction Monthly Rates**

	Individual	Family
All ages	\$381.89	\$678.22

**Direct Monthly Rates**

Issue Age	Individual	Family
under 46	\$417.37	\$730.39
46-59	521.71	991.24
60-70	955.77	1,825.97

**Association Monthly Rates**

	Individual	Family
All ages	\$417.37	\$730.39

**Arkansas**

**Cancer Policy CA-05**

**Proposed Rates with a 25% increase**

**Effective 3/1/2010**

**Payroll Deduction Monthly Rates**

	Individual	Family
All ages	\$477.36	\$847.77

**Direct Monthly Rates**

Issue Age	Individual	Family
under 46	\$521.71	\$912.99
46-59	652.13	1,239.05
60-70	1,194.71	2,282.47

**Association Monthly Rates**

	Individual	Family
All ages	\$521.71	\$912.99

Arkansas  
Cancer Policy CA-06  
Current Rates

Monthly Rates

Issue Age	Individual	Family
55 & over	\$94.76	\$183.83

**Arkansas**  
**Cancer Policy CA-06**  
**Proposed Rates with a 25% increase**  
**Effective 3/1/2010**

**Monthly Rates**

	Individual	Family
55 & over	\$118.45	\$229.79

**Arkansas  
Cancer Policy CA-08  
Current Rates**

**Payroll Deduction Monthly Rates**

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	All ages	\$361.52	\$411.32	\$460.52	\$510.32
Family	All ages	611.43	701.43	791.43	881.44

**Direct Monthly Rates**

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	Issue Age				
	under 46	\$361.52	\$411.32	\$460.52	\$510.32
	46-59	456.02	516.02	576.03	636.03
	60-70	830.74	943.24	1,055.75	1,168.25
Family	under 46	\$611.43	\$701.43	\$791.43	\$881.44
	46-59	830.74	943.24	1,055.75	1,168.25
	60-70	1,526.47	1,733.48	1,940.48	2,147.49

**Arkansas  
Cancer Policy CA-08  
Proposed Rates with a 25% increase  
Effective 3/1/2010**

**Payroll Deduction Monthly Rates**

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	All ages	\$451.89	\$514.15	\$575.65	\$637.90
Family	All ages	764.28	876.79	989.29	1,101.80

**Direct Monthly Rates**

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	under 46	\$451.89	\$514.15	\$575.65	\$637.90
	46-59	570.02	645.03	720.03	795.03
	60-70	1,038.42	1,179.05	1,319.68	1,460.31
Family	under 46	\$764.28	\$876.79	\$989.29	\$1,101.80
	46-59	1,038.42	1,179.05	1,319.68	1,460.31
	60-70	1,908.08	2,166.84	2,425.61	2,684.37

<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43558</i>
<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	10/22/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Cover Letter.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Authorization Letter	Approved-Closed	10/22/2009
<b>Comments:</b>			
<b>Attachment:</b>			
L&E 2009 Certificate.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Universal Transmittal	Approved-Closed	10/22/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Universal Transmittal.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Outline of Coverage	Approved-Closed	10/22/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Outline of Coverage.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Response 10-21-2009	Approved-Closed	10/22/2009



<i>SERFF Tracking Number:</i>	<i>LWEL-126289967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43558</i>
<i>Company Tracking Number:</i>	<i>0289200903</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289200903</i>		

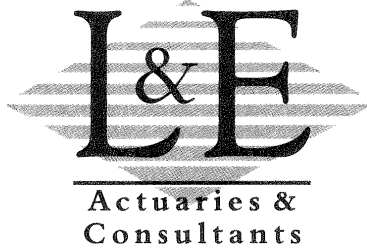
**Comments:**

**Attachment:**

AR Response 10-21-09.pdf

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Steven D. Bryson, F.S.A.  
Michael A. Mayberry, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
David M. Dillon, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Robert E. Gove, A.S.A.  
Alexis M. Bash, A.S.A.  
Sarah A. Hoover, A.S.A.  
Wes R. Campbell, A.S.A.  
Jacqueline B. Horstmann, A.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
David L. Batchelder, A.S.A.  
Leon L. Langlitz, F.S.A.  
Gary R. McElwain, FLMI  
Christopher H. Davis, F.S.A.  
Thomas L. Handley, F.S.A.  
Anthony G. Proulx, F.S.A.  
Karen E. Elsom, F.S.A.  
Jill J. Humes, F.S.A.

**London**

Roger K. Annin, F.S.A.  
Timothy A. DeMars, F.S.A.  
Scott E. Morrow, F.S.A.

September 22, 2009

Mrs. Rosalind Minor  
Arkansas Insurance Department  
1200 W 3<sup>rd</sup> Street  
Little Rock, Arkansas

Re: PROTECTIVE LIFE INSURANCE COMPANY  
NAIC #68136; FEIN #63-0169720  
Rate Increase - Cancer Policy Form CA03, CA04, CA05, CA06 and CA08

Dear Mrs. Minor:

The enclosed actuarial memorandum is being submitted on behalf of Protective Life Insurance Company for your review for approval of a 25% rate increase on the above cancer policy forms. Forms CA03, CA04, CA05, CA06 and CA08 have been combined for rating purposes. They all provide benefits for medical expenses incurred as a result of cancer-related expenses. All of the forms provide for unlimited Radiation & Chemotherapy benefits.

If you have further questions regarding this matter, you may contact me by e-mail at [balbritton@lewisellis.com](mailto:balbritton@lewisellis.com) or by telephone (972) 850-0850 collect.

Sincerely,

A handwritten signature in cursive script that reads 'Bonnie Albritton'.

Bonnie S. Albritton, F.S.A., M.A.A.A.  
Consulting Actuary

Benefit Plans Group  
2801 Highway 280 South  
Birmingham, AL 35223  
Toll-free: 888-645-2524  
Fax: 205-268-6368



January 8, 2009

To Whom It May Concern:

I hereby authorize the actuarial consulting firm of Lewis & Ellis, Inc. to file rate revisions for cancer policies and riders on behalf of Protective Life Insurance Company.

This authorization includes the power to certify to the exempt status of certain forms, except where prohibited by law.

This authorization is to be effective January 1, 2009 to December 31, 2009.

A handwritten signature in dark ink, appearing to read "Paul R. Wells". The signature is fluid and cursive.

Paul R. Wells  
Vice President and Life and Annuity Division CFO

## Life, Accident &amp; Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Protective Life Insurance Co. P.O. Box 2606 Birmingham, AL	TN	Health	458	68136	63-0169720	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Bonnie Albritton P.O. Box 851857 Richardson, TX 75085-1857	972 850-0850	972 850-0851	<a href="mailto:balbritton@lewisellis.com">balbritton@lewisellis.com</a>

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number	0289:200903					
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> <div style="width: 50%; text-align: center;">           Group         </div> </div>					
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9.	Type of Insurance	H071 Individual Health- Specified Disease – Limited Benefit					
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10.	Product Coding Matrix Filing Code	H071.002A					
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11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy  <input type="checkbox"/> Application/Enrollment  <input type="checkbox"/> Schedule of Benefits         </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage  <input type="checkbox"/> Rider/Endorsement  <input type="checkbox"/> Other         </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate  <input type="checkbox"/> Advertising         </div> </div> <b>Rates</b> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate					
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____					
		<b><u>SUPPORTING DOCUMENTATION</u></b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input checked="" type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div>					

12.	<b>Filing Submission Date</b>	09-22-09			
13	<b>Filing Fee (If required)</b>	Amount	\$50	Check Date	EFT
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number	EFT
14.	<b>Date of Domiciliary Approval</b>	06-29-2009			
15.	<b>Filing Description:</b>				
	Rate increase for supplemental cancer policies providing coverage for cancer related expenses, including unlimited radiation & chemotherapy.				

16.	<b>Certification (If required)</b>				
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name</p> <p><u>Bonnie Albritton</u> Title <u>Consulting Actuary</u></p> <p>Signature <u>Bonnie Albritton</u> Date: <u>9/22/2009</u></p>					

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		25%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rates	CA05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>25.0</u> % - ____% <input type="checkbox"/> Other _____	
02	Rates	CA06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>25.0</u> % - ____% <input type="checkbox"/> Other _____	
03	Rates	CA08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>25.0</u> % - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

## CANCER COVERAGE OUTLINE OF COVERAGE

### POLICY FORM CA-03

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board... (Semi-private room rate)	No lifetime maximum	Up to \$250 per day
In-Hospital Drugs & Medicine Diagnostic X-Rays & Lab...	No lifetime maximum	Up to 15% of In-Hospital Room & Board
Positive Diagnosis... diagnostic tests leading to positive Cancer diagnosis within 90 days	Only once for the same Cancer	Up to \$250
In-Hospital Special Nursing...	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician...	No lifetime maximum	Up to \$30 per day
Blood & Plasma... not replaced by donors	No lifetime maximum	100%
Ambulance...	No lifetime maximum	100%
Radiation Therapy & Chemotherapy... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment...	Same as any other treatment	
Transportation... to nearest hospital providing prescribed specialized treatment	Maximum lifetime benefit \$2,000	100%



Family Member Lodging... while insured is hospitalized	60 days per hospitalization	Up to \$50 per day
Skilled Nursing Facility...	Up to number of days of covered hospital confinement	Up to \$50 per day
Breast Prosthesis...	Maximum \$600 lifetime	Up to \$300
Artificial Limb Prosthesis...	Maximum \$1,000 lifetime	Up to \$1,000
Surgical Expense...	Maximum \$3,000 for surgery Maximum \$900 for anesthesia per operation	See schedule in policy
First Occurrence... when internal Cancer first diagnosed	One time only per insured	\$1,000 lump sum
Waiver of Premium...	After 90 continuous days of disability due to cancer	
(The following benefits are in lieu of all other benefits under the policy.)		
Government Hospital Confinement...		First 30 days-\$175 per day Next 60 days-\$150 per day Thereafter-\$100 per day
Hospice... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$5,000 lifetime	Up to \$50 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

**All benefits under the policy will be reduced by 50% with respect to expenses incurred on or after an insured's 65th birthday.**

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

## CANCER COVERAGE OUTLINE OF COVERAGE

### POLICY FORM CA-04

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board... (Semi-private room rate)	No lifetime maximum	Up to \$125 per day
In-Hospital Drugs & Medicine Diagnostic X-Rays & Lab...	No lifetime maximum	Up to 15% of In-Hospital Room & Board
Positive Diagnosis... diagnostic tests leading to positive Cancer diagnosis within 90 days	Only once for the same Cancer	Up to \$125
In-Hospital Special Nursing...	No lifetime maximum	Up to \$50 per day
In-Hospital Attending Physician...	No lifetime maximum	Up to \$15 per day
Blood & Plasma... not replaced by donors	No lifetime maximum	100%
Ambulance...	No lifetime maximum	Up to \$50 per trip
Radiation Therapy & Chemotherapy... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment...	Same as any other treatment	

CA-04-OC

Transportation... to nearest hospital providing prescribed specialized treatment	Maximum lifetime benefit \$1,000	100%
Family Member Lodging... while insured is hospitalized	60 days per hospital- ization	Up to \$25 per day
Skilled Nursing Facility...	Up to number of days of covered hospital confinement	Up to \$25 per day
Breast Prosthesis...	Maximum \$300 lifetime	Up to \$150
Artificial Limb Prosthesis...	Maximum \$500 lifetime	Up to \$500
Surgical Expense...	Maximum \$1,500 for surgery Maximum \$450 for anesthesia per operation	See schedule in policy
First Occurrence... when internal Cancer first diagnosed	One time only per insured	\$500 lump sum
Waiver of Premium...	After 90 continuous days of disability due to cancer	
(The following benefits are in lieu of all other benefits under the policy.)		
Government Hospital Confinement...		First 30 days-\$88 per day Next 60 days-\$75 per day Thereafter-\$50 per day
Hospice... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$2,500 lifetime	Up to \$25 per day

**(4) Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

**All benefits under the policy will be reduced by 50% with respect to expenses incurred on or after an insured's 65th birthday.**

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy. No benefits will be paid for treatment received outside the United States or its territories.

**(5) Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

CA-04-OC

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## CANCER COVERAGE OUTLINE OF COVERAGE

### POLICY FORM CA-05

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board.....	No lifetime maximum	\$160 per day (day 1-10) \$200 per day (day 11-75)
In-Hospital Special Nursing....	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$25 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	100%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.25 per mile for personal car

Home Recovery .....	Up to number of days of covered hospital confinement	\$100 per week (\$14.28 per day)
Prosthesis.....	Maximum of 2 devices	Up to \$500 each
Surgical Expense.....	Maximum \$2,500 for surgery Maximum \$630 for anesthesia per operation	See schedule in policy
Waiver of Premium.....	After 90 continuous days of disability due to cancer	
(The following benefits are in lieu of all other benefits under the policy.)		
Extended .....	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$200 per day
Hospice.....	Maximum \$9,000 lifetime	Up to \$50 per day
when treatment no longer prescribed and life expectancy less than 6 months		

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

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## CANCER COVERAGE OUTLINE OF COVERAGE

### POLICY FORM CA-06

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board.....	No lifetime maximum	\$125 per day (day 1-10) \$150 per day (day 11-75)
In-Hospital Special Nursing....	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$20 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	70%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100% of first \$7,500; 75% thereafter
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.25 per mile for personal car

Home Recovery .....	Up to number of days of prior Hospital confinement	\$100 per week (\$14.28 per day)
Prosthesis.....	Maximum of 3 devices	Up to \$300 each
Surgical Expense.....	Maximum \$1,500 for surgery Maximum \$405 for anesthesia per operation	See schedule in policy
Home Nursing Benefit.....	Up to 90 days	\$100 per day
Extended Care Facility.....	Up to twice the number of days of prior Hospital confinement	\$100 per day
(The following benefits are in lieu of all other benefits under the policy.)		
Extended .....	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$100 per day
Hospice..... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$9,000 lifetime	Up to \$50 per day

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**(4) Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

**(5) Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.**

**LIMITED BENEFIT CANCER COVERAGE**

**OUTLINE OF COVERAGE**

**POLICY FORM CA-08-AR**

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Benefit.....	No lifetime maximum	See Policy Schedule (day 1-10) \$40 Additional after day 10
In-Hospital Special Nursing....	No lifetime maximum	Up to \$150 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$30 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	100%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy Drugs..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.30 per mile for personal car



Prosthesis.....	Maximum of \$2,000	Up to \$1,000 each
Surgical Expense.....	Maximum \$3,000 for surgery Maximum \$750 for anesthesia per operation	See schedule in policy
Waiver of Premium.....	After 90 continuous days of disability due to cancer	
Hospice.....	Maximum \$9,000 lifetime	Up to \$50 per day
when treatment no longer prescribed and life expectancy less than 6 months		

(The following benefits are in lieu of all other benefits under the policy.)

Extended .....	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$300 per day

**(4) Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred. Such expenses will consist of the actual charges by the Hospital, Physician or other providers subject to the limitations stated in the policy.

The policy covers only expenses resulting from treatment for Cancer and other conditions or diseases directly caused or aggravated by Cancer or the treatment of Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

**(5) Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

@

**Dallas**

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Cabe W. Chadick, F.S.A.  
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October 21, 2009

Ms. Rosalind Minor  
Arkansas Insurance Department  
1200 W 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

Re: Protective Life Insurance Company  
Rate Increase Filing – Cancer Policy Forms CA03, CA04, CA05, CA06, and CA08  
State Tracking # 43558  
SERFF Tracking # LWEL-126289967

Dear Ms. Minor,

This is in response to your objection letter dated September 28, 2009.

You indicated in your letter that the Department is concerned about the past rate increases and the impact of rate increases on policyholders in the current economic climate. We understand and appreciate your concerns. However, we respectfully ask you to reconsider the requested 25% increase. We ask you to keep in mind that these supplemental policies have unlimited radiation and chemotherapy benefits, for which the trends in treatment costs have been much greater than anticipated twenty years ago, when the products were priced. The past losses have been significant and we expect these significant losses to continue into the foreseeable future.

Based on the projected loss ratios, we believe that the 25% rate increase is actuarially justified. In fact, a significantly larger increase is justified, but Protective has chosen to limit the increase, in an effort to minimize the impact on policyholders.

We have attached an exhibit showing the average annual trend increases and the average nationwide rate increases implemented in each year, along with the cumulative trend and rate increases. As you can see the cumulative rate increases have been significantly lower than the cumulative trend.



Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857  
2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



Page Two  
October 21, 2009  
Rosalind Minor

You will also see at the bottom of the exhibit, the five-year average annual trend, which is about 23%. In our projections, we assumed a future trend rate of 20%. Therefore, the Department's proposed 15% rate increase is lower than the 2010 anticipated trend.

We understand that rate increases, not only in insurance but in any sector of the economy given the current national and local economic environment, are both difficult to request and difficult to grant. In this regard, we note that less costly alternatives are available to policyholders, which still provide policyholders with valuable chemotherapy and radiation cancer treatment benefits. Since 2001, Protective has offered benefit reductions to most unendorsed policyholders in exchange for lower premiums. Protective continues to offer six different endorsements in an effort to help some policyholders reduce and stabilize their premium payments:

- CE-21 and CE-21A limit radiation and chemotherapy benefits to \$10,000 per insured per calendar year;
- CE-33 and CE-33A limit radiation and chemotherapy benefits to \$100,000 per insured during first service year and \$30,000 per insured during each subsequent service year; and
- CE-34 and CE-34A limit radiation and chemotherapy benefits to \$50,000 per insured per service year.

We appreciate your further consideration of this filing. Please let us know if you have any questions.

Regards,



Bonnie S. Albritton, F.S.A., M.A.A.A.  
Vice President & Principal

**Cumulative Medical Trend vs. Cumulative Rate Increases**

Unlimited Radiation &amp; Chemotherapy Plans

Forms CA03, CA04, CA05, CA06, and CA08 without Endorsements

Nationwide without Florida

Year	Average Claim per Policy	Annual Increase in Claims	Cumulative Claim Increase	Average Premium Increase	Cumulative Rate Increase
1988	46.70				
1989	48.85	4.6%	4.6%	0.0%	0.0%
1990	70.65	44.6%	51.3%	0.0%	0.0%
1991	93.51	32.4%	100.2%	0.0%	0.0%
1992	112.43	20.2%	140.7%	12.9%	12.9%
1993	114.70	2.0%	145.6%	19.7%	35.2%
1994	138.77	21.0%	197.1%	0.0%	35.2%
1995	151.90	9.5%	225.3%	26.0%	70.4%
1996	195.30	28.6%	318.2%	0.0%	70.4%
1997	240.64	23.2%	415.3%	25.7%	114.2%
1998	317.50	31.9%	579.9%	23.9%	165.5%
1999	377.60	18.9%	708.6%	28.9%	242.2%
2000	466.33	23.5%	898.6%	39.7%	378.2%
2001	573.42	23.0%	1127.9%	25.8%	501.7%
2002	806.44	40.6%	1626.8%	36.4%	720.6%
2003	971.88	20.5%	1981.1%	22.9%	908.2%
2004	1,156.99	19.0%	2377.5%	25.3%	1162.8%
2005	1,382.35	19.5%	2860.0%	16.8%	1375.5%
2006	1,657.67	19.9%	3449.6%	26.7%	1769.4%
2007	2,394.41	44.4%	5027.2%	30.7%	2342.4%
2008	3,167.47	32.3%	6682.5%	36.6%	3237.3%
Jun-2009	3,766.99	18.9%	7966.3%	39.0%	4539.4%

**Average Medical Trend (excluding aging trend)**

Arithmetic Average (5-year) 22.8%

Geometric Average (5-year) 22.4%

Assumptions Used in Projections 20.0%